

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

J. D. DUNSHEE, M.D., Director

## Weekly Bulletin



### STATE BOARD OF PUBLIC HEALTH

HOWARD MORROW, M.D., San Francisco, President

EDWARD M. PALLETTE, M.D., Los Angeles, Vice President

GEO. H. KRESS, M.D., Los Angeles

JUNIUS B. HARRIS, M.D., Sacramento

WM. R. P. CLARK, M.D., San Francisco

GIFFORD L. SOBEY, M.D., Paso Robles

J. D. DUNSHEE, M.D., Sacramento

#### SAN FRANCISCO

State Office Building, McAllister and Larkin Streets UNDERHILL 8700

#### SACRAMENTO

State Office Building, 10th and L Streets CAPITAL 2800

#### LOS ANGELES

State Office Building, 217 West First Street MADISON 1271

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XIV, No. 17

May 25, 1935

GUY P. JONES  
EDITOR

## California State Board of Health\*

### *With Comments on its Activities During the Last Two Years*

By HOWARD MORROW, M.D., San Francisco, President, California State Board of Public Health

From time immemorial the prevailing political framework and philosophy of the particular period have controlled the public health activities. While the preventive practices of the Egyptians were guided by superstition and magic, those outlined by Hippocrates were dissociated from religion, and were rational. Application of the scientific method, reliance on the inherent physiological faculties of the body to predispose to disease and to resist it, inductive logic and an understanding of social and moral values were the beginnings of modern preventive medicine. Public medical service and sanitation, as practiced by the medical officers of ancient Rome, reflect in every respect the modern concept of public health—the protection of the people against environmental influences which may exercise a detrimental effect upon their physical or mental being. These officers of health were not only engaged in military service, in sanitation and in epidemiological duties, but were responsible for the planning of towns, the building of houses and the treatment of the poor.

#### THE EVOLUTION OF MODERN PUBLIC HEALTH

Modern public health, evolved through a great deal of organization, is certainly not the product of

present-day science, irrespective of the fact that its greatest triumph during the past hundred years is based on the science of sanitation. Public health is more than sewage disposal, water purification, food inspection and quarantine. These functions, assumed today by certain organizations, are merely a means to an end; in fact, it is only the end that is public health itself. Thus, public health remains a strictly social and essentially philanthropic field, which is imposed upon every medical and dental practitioner as vaguely defined as the ethics by which he guides his professional conduct. If medicine is to progress, it must carry out its work of public health, and since ultimately the physician remains the social arbitrator between men and their environment, it is impossible to separate preventive from curative medicine, or preventive from restorative dentistry. Provided some of the insidious attempts at a separation of preventive from curative medicine are not stopped, the time may arrive at which the health department is reduced to that of sanitary police, while the health-promoting functions are carried on by the nonmedical welfare agencies. The close cooperation of the patient and physician, which is essentially a social aspect of medicine, is just as important as sanitation itself. It is this side which has to be preserved and strengthened.

\*Reprinted from California and Western Medicine for May, 1935. Read before Northern California Public Health Association, Sacramento, March 2, 1935.

By tradition, medicine is a social calling, not a business, nor even a science.

#### THE PUBLIC'S VIEWPOINT OF MEDICINE

In the eyes of the public, medicine is synonymous with social duty. The exponent of medicine will only acquire prestige provided he or she is willing to assume the social obligations inherent to the profession. That prestige is indispensable, for the display of the various measures of public health is a recognized fact. It is apparent that the general practitioner, and even the specialist, has failed as a public health worker, largely on account of the decline of his prestige. The socially minded quack may attract more people than the well-trained practitioner. Poor observers have attributed this change to the public. There is no proof that the public has changed but the highly technically equipped physician has become less and less socially minded and, therefore, less able to carry out the function of public health. On the other hand, there is little convincing evidence that the medical officer in public health, on account of his official status, is in a better position. Ultimately, the social problems of medicine are solved by intimate social contact between patient and doctor, and not by an abstract official relationship. The strength and success of a health department depend entirely on the social mindedness of its own staff, and also the prestige of the medical practitioners of the community or the state in which the unit operates. A close interrelation between the public health department and the practitioner of medicine must be maintained and continuously encouraged. In this connection, it is obviously imperative that the privileges and prerogatives of the practitioner of medicine must be preserved with respect to the services to be rendered.

#### THE STATE HEALTH DEPARTMENT AND HEALTH INSURANCE

At a time when the subject of health insurance is before the legislature, and the desire among many physicians and lay organizations to have the poorer classes treated by practitioners of medicine who are to receive their compensation from the state or from corporations, the department of public health is at the crossroads. The pertinent question, Shall all public medical and health work be done by the health department; in particular shall the State Board of Public Health venture into the treatment of disease? may have to be answered in the very near future. It has always been the aim of the department to restrict its activities to the prevention of disease, to the diagnosis of doubtful or new infections, to the control of epidemics, and to the judicious education of the public.

The director is duty bound to consult with the county and city health officer, and to provide such aid and counsel as may be required in the solution of the many diversified problems which constantly arise. Needless to emphasize, the effectiveness of this cooperation is vastly enhanced through the existence of full-time health units, managed by men adequately trained in public health matters. The board advocates the development of full-time health departments. It is fully cognizant of the fact that one-half of the rural population has no public health service, and, furthermore, that public health has not attracted the best medical graduates, since the financial rewards are modest and openings not influenced by partisan politics are few.

#### THE BOARD OF HEALTH AND THE NEW SOCIAL ORDER

The growing concern for the unserved or poorly served—a new spirit of evangelism—which permeates the medical profession may in due course influence the policies and functions of the board. May I assure you that any change of policy will always consider the prerogatives and the privileges of those who will be invited to render the new service! In this connection I also wish to remind you that the board has assumed its function in an advisory capacity, a council which will bring together expert medical opinion and sound judgment in the administration of public health matters. The members of the board, as practitioners of medicine, are fully cognizant of the fact that today men and women die prematurely from diseases which are controllable or preventable by methods already available. These methods are neither sanitation nor other impersonal methods, but they consist of a close cooperation of patient and physician. It is the belief of the board that this social aspect can best be administered by the practicing physician under the guidance of a full-time health officer. The director of the department assumes this obligation, and he in turn is aided by the members of the board who, as physicians, have the social contact and the prestige to interpret the needs of the public.

#### THE TRADITIONAL FUNCTION OF THE STATE BOARD OF HEALTH

Traditionally, the state health department has assumed the function of an agency to recommend improvements in public health sanitation. More and more this activity has been taken over by the local health departments or the civic organizations of the communities. The board is, therefore, frequently called upon to decide whether or not the improvements recommended are desirable, practical, and economical. Obviously, it can only act judiciously, pro-

vided it has at its disposal sound information and has, through personal or written investigations, established contact with the problems involved.

#### RELATIONS OF THE STATE BOARD OF HEALTH TO ITS DIRECTOR

The advice which the board can give its director depends entirely on the accuracy and completeness of the data available. A great deal hinges on the completeness of the data which deal with the registration of disease. It is a well-known fact that test canvasses, through house to house surveys, have shown a striking incompleteness of the morbidity records. In Illinois, for example, it was discovered that only 30 per cent of the poliomyelitis and 66 per cent of the smallpox cases had been reported. We should promote a wider appreciation of the axiom that every case of infectious disease is a public matter, and that the diagnosis of a disease is always a cooperative undertaking, and as such is a very important function of the State Board of Public Health. Through its ramified contacts with the profession, it can, in my judgment, perform this obligation to an admirable degree.

Communicable disease control constitutes the foremost obligation of official health agencies. Organized effort on the part of health departments will reduce to the minimum such diseases as diphtheria, plague, rabies, smallpox, and typhoid fever. The health officers and the public health nurses, through their continuous contacts with families, are able to educate the laity regarding measures which may reduce the seriousness of infections such as diphtheria, poliomyelitis, scarlet fever, measles, mumps, whooping-cough, and tuberculosis. They are in a position to emphasize the benefit to the patient of good medical care early in the course of the disease. The control of most of the communicable diseases rests with the local health departments—the responsibility is theirs, with the state department in the background ready to lend assistance when needed and to keep them advised regarding the best procedures to follow.

#### BUBONIC PLAGUE IN CALIFORNIA

There are some exceptions, however. The control of plague in California is the responsibility of the state. In those areas of California where plague is endemic among the ground squirrels, continuous plague eradication measures are carried on, and there must be no break in this program. During 1934 we are reminded that not only should plague-control operations be carried on in those areas known to be infected, but also that the State Department of Public Health should maintain sufficient personnel to survey other counties so as to determine the extent of plague infection in California.

In the fall of 1933 high mortality was observed among the ground squirrels in the Lynn Valley near Glenville, Kern County. The exact nature of the deaths was not recognized until 1934. During the months of March, April, May and June, thousands of ground squirrels succumbed to plague in an area covering parts of Kern and Tulare counties. This new focus is closely adjacent, and partly involves the Tule Indian Reservation. This plague epizootic was of such virulence that the squirrel population of that area was soon practically eliminated by the infection itself. Plague infection had not been proved on the east side of the state prior to this, and as far as investigations have been completed the source of this newly infected area has not been determined. Through cooperation with the State Department of Agriculture the United States Biological Survey and the United States Forestry Service, as well as the agricultural commissioners, an extensive and effective squirrel eradication program has been executed within and surrounding the infected area. On account of the fact that this area is sparsely populated, and the infection occurred before the vacation season, only one human infection was brought to the attention of the department. This ten-year old boy suffered from a bacteriologically proved bubonic plague infection in June. He made a partial recovery, but died in October with signs of marasmus and secondary plague meningitis. This unique observation established for the first time in California the occurrence of chronic plague with all of the possibilities of human to human transmission through human fleas.

(Continued in next issue)

After all, God is only Goodness, Goodness is only character, and character is only common sense.—Lady Astor.

He is an eloquent man who can treat humble subjects with delicacy, lofty things impressively and moderate things temperately.—Cicero.

#### MORBIDITY

Complete Reports for Following Diseases for Week Ending May 18, 1935

##### Chickenpox

1092 cases: Alameda County 2, Alameda 16, Albany 10, Berkeley 54, Oakland 104, Piedmont 5, San Leandro 8, Contra Costa County 12, Antioch 1, Pittsburg 1, Fresno County 7, Fresno 3, Imperial County 2, Kern County 9, Kings County 3, Hanford 16, Lemoore 2, Lake County 1, Los Angeles County 59, Alhambra 2, Arcadia 1, Beverly Hills 27, Burbank 3, Compton 3, Culver City 32, Glendale 29, Huntington Park 2, Inglewood 2, Long Beach 23, Los Angeles 159, Manhattan 2, Pasadena 30, Pomona 8, Sierra Madre 6, South Pasadena 1, Whittier 7, Torrance 2, Lynwood 5, South Gate 3, Monterey Park 5, Bell 6, Gardena 1, San Rafael 4, Monterey County 1, Salinas 6, Orange County 6, Brea 1, Fullerton 1, Huntington Beach 7, Santa Ana 18, Laguna Beach 1, Riverside County 18, Riverside 8, Sacramento County 3, Sacramento 23, San Bernardino County 1, Colton 3, Ontario 2, Redlands 1, San Diego County 6, Chula Vista 1,

National City 3, San Diego 50, San Francisco 120, San Joaquin County 1, Stockton 1, San Luis Obispo County 3, San Mateo County 3, Burlingame 2, Daly City 4, Santa Barbara County 2, Santa Barbara 5, Santa Maria 1, Santa Clara County 11, Palo Alto 6, San Jose 19, Santa Clara 1, Sunnyvale 1, Willow Glen 2, Santa Cruz 65, Healdsburg 1, Dinuba 1, Ventura County 1, Fillmore 2, Ventura 1, Woodland 1.

#### Diphtheria

25 cases: Oakland 1, Imperial County 1, Los Angeles County 1, Glendale 1, Los Angeles 9, San Fernando 1, Madera County 1, Riverside 1, National City 1, San Diego 1, San Francisco 1, San Luis Obispo County 3, Santa Barbara 2, Willow Glen 1.

#### German Measles

1009 cases: Alameda County 8, Alameda 3, Albany 1, Berkeley 7, Oakland 64, Piedmont 1, San Leandro 16, Colusa County 1, Contra Costa County 14, Fresno County 49, Fresno 1, Bakersfield 4, Kings County 2, Los Angeles County 70, Alhambra 5, Arcadia 1, Burbank 1, Compton 8, Covina 1, Huntington Park 5, Long Beach 31, Los Angeles 101, Montebello 1, Pasadena 34, San Fernando 1, San Gabriel 2, Santa Monica 1, Whittier 7, Torrance 1, Lynwood 2, South Gate 4, Monterey Park 3, Bell 4, Marin County 1, Larkspur 1, San Rafael 2, Fairfax 3, Merced County 1, Monterey County 7, Salinas 2, Orange County 8, Brea 2, Orange 1, Santa Ana 31, Laguna Beach 2, San Clemente 2, Riverside County 4, Beaumont 2, Riverside 7, Sacramento County 1, Sacramento 21, Colton 6, Ontario 6, Redlands 2, San Diego County 15, Chula Vista 3, Escondido 6, La Mesa 6, San Diego 49, San Francisco 124, San Joaquin County 3, Lodi 3, Stockton 1, San Luis Obispo County 1, Paso Robles 2, San Mateo County 2, Burlingame 2, Daly City 6, Redwood City 1, San Mateo 3, Santa Barbara County 2, Santa Clara County 26, Gilroy 4, Los Gatos 6, Palo Alto 38, San Jose 60, Santa Clara 1, Sunnyvale 10, Willow Glen 5, Turlock 2, Tehama County 1, Tulare County 2, Dinuba 18, Ventura County 25, Ventura 5, Yolo County 5, Woodland 1, Yuba County 5.

#### Influenza

47 cases: Kern County 1, Bakersfield 1, Los Angeles County 4, Glendale 2, Glendora 2, Los Angeles 30, Montebello 2, South Pasadena 1, Sacramento 1, San Francisco 2, Daly City 1.

#### Malaria

One case: Nevada County.

#### Measles

1795 cases: Alameda County 16, Alameda 11, Berkeley 23, Oakland 46, Piedmont 4, Sutter Creek 2, Colusa County 1, Colusa 1, Contra Costa County 16, Antioch 11, Concord 7, Pittsburg 9, Del Norte County 1, El Dorado County 1, Fresno County 29, Fresno 41, Kern County 115, Bakersfield 4, Kings County 9, Hanford 6, Lemoore 17, Los Angeles County 28, Alhambra 3, Beverly Hills 2, Burbank 17, Compton 1, El Segundo 2, Glendale 8, Inglewood 1, La Verne 1, Long Beach 144, Los Angeles 76, Monrovia 4, Montebello 8, Pasadena 16, South Pasadena 5, Whittier 1, Torrance 1, Lynwood 1, Hawthorne 5, Monterey Park 1, Madera County 53, Madera 1, Marin County 5, Merced County 18, Gustine 10, Merced 11, Monterey County 8, Salinas 11, Nevada County 1, Orange County 43, Anaheim 9, Brea 2, Fullerton 21, Orange 32, Santa Ana 103, Seal Beach 1, La Habra 9, Placentia 1, Tustin 7, San Clemente 1, Riverside County 1, Beaumont 27, Hemet 2, Riverside 2, Sacramento County 19, Sacramento 269, Ontario 3, El Cajon 1, Oceanside 1, San Diego 8, San Francisco 51, San Joaquin County 62, Lodi 28, Manteca 4, San Luis Obispo County 20, Arroyo Grande 2, Paso Robles 3, San Luis Obispo 1, San Mateo County 3, Redwood City 10, San Mateo 3, South San Francisco 1, Santa Barbara County 2, Santa Maria 9, Santa Clara County 18, Los Gatos 2, Morgan Hill 1, Mountain View 1, Palo Alto 13, San Jose 68, Willow Glen 2, Santa Cruz 25, Watsonville 21, Suisun 1, Sonoma County 5, Tulare County 2, Dinuba 1, Lindsay 3, Tulare 1, Tuolumne County 1, Ventura County 2, Oxnard 2, Ventura 7, Yolo County 41, Winters 1, Woodland 3.

#### Mumps

384 cases: Alameda County 10, Alameda 6, Albany 1, Berkeley 9, Hayward 1, Oakland 43, San Leandro 15, Contra Costa County 10, Antioch 1, Fresno County 2, Kern County 4, Kings County 2, Los Angeles County 11, Arcadia 1, Burbank 3, Culver City 2, La Verne 2, Long Beach 2, Los Angeles 10, Monrovia 1, Pasadena 4, Merced County 14, Merced 11, Monterey County 1, Orange County 3, Placentia 1, Riverside County 2, Beaumont 2, Corona 4, Sacramento County 2, Sacramento 28, Redlands 1, San Diego County 3, Escondido 1, San Diego 6, San Francisco 18, San Joaquin County 32, Lodi 8, Stockton 1, Tracy 3, San Luis Obispo County 7, Arroyo Grande 1, San Luis Obispo 1, Burlingame 1, Santa Barbara County 4, Lompoc 2, Santa Maria 22, Santa Clara County 9, Gilroy 3, San Jose 2, Santa Cruz 11, Tulare County 5, Dinuba 3, Lindsay 3, Yolo County 27, Woodland 2.

#### Pneumonia (Lobar)

42 cases: Berkeley 2, Calaveras County 1, Placerville 1, Fresno 1, Imperial County 1, Los Angeles County 2, Alhambra 1, Glendora 1, Huntington Park 1, Inglewood 1, Los Angeles 14, Monrovia 1, Pasadena 2, San Gabriel 1, South Pasadena 1, Whittier 1, Santa Ana 1, Riverside County 1, Riverside 1, Sacramento 1, National City 1, San Francisco 1, Santa Rosa 1, Tulare 1, Woodland 1, California 1.\*

#### Scarlet Fever

254 cases: Alameda County 2, Alameda 2, Oakland 13, Piedmont 1, Gridley 1, Contra Costa County 1, Fresno 1, Sanger 1, Imperial County 1, Westmoreland 1, Kern County 3, Bakersfield 5, Taft 1, Lakeport 1, Los Angeles County 20, Compton 2, Glendale 2, Long Beach 3, Los Angeles 45, Pasadena 1, Santa Monica 1, South Pasadena 2, South Gate 1, Monterey Park 8, Marin County 1, Ukiah 1, Monterey County 1, Orange County 4, Anaheim 1, Orange 7, Santa Ana 3, Seal Beach 1, Placentia 1, Riverside County 2, Sacramento County 8, Sacramento 6, San Bernardino County 2, Colton 2, Ontario 6, San Diego County 3, National City 1, San Diego 20, San Francisco 19, San Joaquin County 11, Stockton 1, Tracy 1, Burlingame 1, Daly City 1, Redwood City 1, Santa Barbara County 1, Lompoc 1, Santa Barbara 1, Santa Maria 1, Los Gatos 2, Palo Alto 1, San Jose 2, Fairfield 1, Sonoma County 1, Healdsburg 1, Petaluma 2, Red Bluff 1, Ventura County 3, Yolo County 10, Woodland 2.

#### Smallpox

11 cases: Los Angeles 5, Sacramento 2, San Jose 3, Exeter 1.

#### Typhoid Fever

9 cases: Alameda County 1, Los Angeles 3, South Pasadena 1, Monterey County 1, Riverside County 1, San Joaquin County 2.

#### Whooping Cough

254 cases: Alameda County 2, Albany 2, Berkeley 16, Oakland 2, Piedmont 4, Fresno County 2, Imperial County 2, Los Angeles County 31, Alhambra 2, Claremont 2, Glendale 8, Long Beach 3, Los Angeles 11, Pasadena 2, Santa Monica 2, Hawthorne 2, Monterey Park 3, Marin County 3, San Rafael 9, Orange County 1, Anaheim 1, Huntington Beach 5, Santa Ana 4, Riverside County 1, Sacramento 1, San Diego County 4, Chula Vista 2, El Cajon 1, National City 22, San Diego 20, San Francisco 23, San Joaquin County 8, San Luis Obispo County 2, San Luis Obispo 3, Santa Barbara County 3, Santa Barbara 2, Santa Clara County 7, Los Gatos 13, Palo Alto 11, San Jose 1, Tulare 6, Fillmore 1, Ventura 2, Davis 2.

#### Meningitis (Epidemic)

5 cases: Compton 1, Culver City 1, Los Angeles 1, Riverside County 1, Yuba City 1.

#### Dysentery (Amoebic)

5 cases: Glendora 1, Los Angeles 2, South Pasadena 1, Riverside 1.

#### Dysentery (Bacillary)

2 cases: Los Angeles 1, San Fernando 1.

#### Leprosy

One case: San Francisco.

#### Ophthalmia Neonatorum

One case: San Mateo County.

#### Poliomyelitis

3 cases: Los Angeles.

#### Tetanus

One case: Alameda.

#### Trachoma

2 cases: Los Angeles County 1, Los Angeles 1.

#### Encephalitis (Epidemic)

One case: Long Beach.

#### Paratyphoid Fever

2 cases: Huntington Beach 1, California 1.\*

#### Undulant Fever

7 cases: Los Angeles County 1, Los Angeles 2, San Bernardino County 1, San Mateo County 1, Burlingame 1, San Mateo 1.

#### Coccidioides Granuloma

One case: Kern County.

#### Septic Sore Throat (Epidemic)

One case: Redwood City.

#### Rabies (Animal)

25 cases: Pinole 1, Imperial County 1, Kern County 1, Los Angeles County 4, El Segundo 1, Inglewood 1, Los Angeles 6, Pasadena 5, San Marino 1, South Gate 1, San Diego 1, Stockton 2.

\* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.